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Communications.

FRACTURE OF THE CONDYLE OF THE FEMUR.

By A. M. Barr, M. D.,

Of Lancaster City, Pa.

This case occurred in my practice a few weeks ago, and as we seldom meet with it, I take the liberty of reporting it through the columns of the Medical and Surgical Reporter. The following is briefly the case as taken from my note-book:

J. H., æt. 14. April 9th. This boy was riding in a two-horse wagon, moving at a slow gait, and during this tardy motion, he endeavored to dismount from the wagon, and in his efforts to do so, fell on the wheel; his legs becoming fastened between the spokes, the pressure on the superior and lateral portion of the tibia produced fracture of the internal condyle of the femur. He was taken to his home, and I was sent for immediately. On my arrival, I found his knee very much widened and flattened, was able to elicit crepitation, and could bend his leg laterally to an obtuse angle. After I was satisfied about the diagnosis being correct, I placed the limb in a natural position and applied two splints, cut from binder's board, and moulded them to the part. I cut the material to suit the limb, the outer one nearly two feet long, and the internal one something shorter and wider. After moulding the splints to the parts and getting the limb properly adjusted, I approximated the fractured edges, with the binder's board well padded, and applied the splints to the fracture firmly; they were kept in place by an assistant, while I was applying the roller, commencing at the distal portion of the limb. The leg was slightly œdematous, yet very little phlogosed around the joints. Ordered a few leeches around the joints, and applied the bandage with some degree of firmness to counteract the swelling and inflammation.

April 10. I called to see the boy in the evening, and found him suffering with great pain in the affected joint, high fever, parched tongue, and dry skin, with great swelling and inflammation around the joint. I ordered:

R.	Tinct. opii,	f.℥ss.
	Plumbi acet.,	℥ss.
	Aquæ,	f.℥iij. M.

To be applied locally over the joint; and gave him the following pill:

R.	Mass pil. hydr.	gr. viij.
	Gambogiæ,	gr. x.
	Ex. colocynth comp.,	gr. xij.
	Pul. rhei,	ʒi.
	Saponis,	q. s. M.

Ft. pill. No. xv. Four to be given for a dose. I ordered a full anodyne, to be repeated if required.

April 11. Bowels freely opened; still pain and swelling in the joint. Continued the local application alternately with cold water. Internally, I ordered Prof. Gross's antimonial and saline mixture, for the double purpose of combatting fever and relieving inflammation. A full anodyne ordered to relieve pain.

April 12. Still pain and great swelling. The bandage appeared too tight; I removed and applied it more loosely. He felt more easy and rested better during the following night. During this treatment I had the leg resting in a fracture-box, and kept up extension by the foot-board.

April 13. Patient easier; swelling going down; inflammation abating; fever nearly absent.

April 14. Moist skin; appetite good; no fever; the swelling reduced, and the limb in nearly its normal condition.

April 15. Patient better. Discontinued the local application, but ordered the antimonial and saline mixture to be continued, with full anodyne at night.

April 23. Complains of no pain; no fever. Discontinued the saline mixture, and ordered morphia acet. at night, if required.

April 29. Patient convalescing. Complained of no uneasiness. I removed the bandages, and instituted passive motion. Some adhesions had formed, but I succeeded in breaking them, and subjecting them to the absorbents, only, however, at the expense of great pain.

A week later, I removed the bandages, gave the patient an anæsthetic, and lacerated perfectly

all the adhesions that had formed. The patient now is doing well, and able to use his leg, with the assistance of a cane. I ordered him to institute motion every day, to stimulate the absorbents, for them to take up all the effused fibrin, and in the course of a few days, he will be able to walk without the use of the cane.

DEFECTIVE AND IMPAIRED VISION,

With the Clinical Use of the Ophthalmoscope in their Diagnosis and Treatment.

By Laurence Turnbull, M. D.,

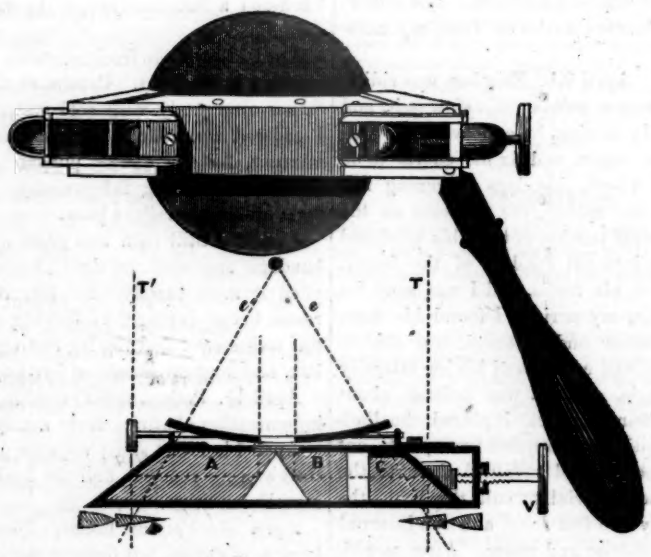
Of Philadelphia.

Binocular Ophthalmoscopes.

(Continued from p. 306.)

In Dr. Giraud-Teulon's instrument, as made originally, there was no provision for altering the distance between the ocular openings. The instrument was altogether useless, unless its width accurately corresponded to the distance between the eyes of the observer. A slight deviation from the proper width produced images; and a larger deviation altogether excluded one eye from the visual act, and reduced the instrument to a monocular ophthalmoscope of inferior illuminating power. It followed that many observers failed to realize any stereoscopic effects; and that many doubts were cast upon the value of Dr. Giraud-Teulon's beautiful and ingenious invention. These doubts were, however, in a great degree set at rest by the improvement shown in Fig. 3, which exhibits the general appearance and the sectional arrangement of the instrument as at present made. The left-hand rhomb A is

Fig. 3.



left entire; but the right-hand rhomb is divided into two portions, B and C, the outer end of which is moveable, and is governed by the screw V. The distance between the points T′ T, the apparent positions of the two images formed by the rays *e e′*, is thus placed perfectly under the command of the spectator; and any instrument may be adjusted to meet the wants of various observers.*

* Dr. Carter, Eng.

Odors of Disease.—The odor of small-pox has been compared to the smell of a he-goat; that of measles to a fresh-plucked goose; scarlatina to cheese. The smell of plague has been compared with the odor of May flowers, and that of typhus with a Cossack. That the typhus odor resembles ammonia, I have often observed, and the best and most recent investigators agree that it is a compound of ammonia. Probably the more intense the smell, the more operative the poison; hence the necessity on the part of the attendant to avoid inhaling this concentrated poison.—(Prof. Banks—*Medical Press and Circular.*)

MEDICAL FRAGMENTS.

By PROF. A. P. DUTCHER, M, D.,

Of Cleveland, Ohio.

Hæmatemesis from Gastric Ulcers; A Case Illustrating Treatment.

It has often been observed that the stomach is more subject to chronic than acute inflammation. In acute inflammation the principal anatomical lesions are thickening and softening of the coats; in chronic, ulceration and perforation. When we take a look into the stomach of an individual who has died with chronic gastritis, we often find marked congestions, especially at the rugæ; and it is near the lesser curvature or at the pylorus, that the membrane will commonly be found destroyed. Sometimes we find a single ulcer, in other instances more. In size they may vary from an eighth of an inch to a quarter in diameter, extending through the mucous membrane, having irregular rounded edges, minutely injected or of a pale color. When these ulcers are minutely examined, it will be found that they have destroyed irregularly the gastric follicles which bound them laterally, and are covered over with mucus, nuclei, cells, and epithelium.

These are the simple ulcers of ordinary chronic gastritis, and are not generally attended with very serious consequences, unless they are very numerous and complicated with other diseases of the organ. But there is another kind, which is commonly attended with more serious consequences, and not unfrequently terminates the existence of the patient very suddenly. It is the perforating gastric ulcer, so named from its having a marked tendency to perforate the walls of the stomach. In a marked example of this form of ulcer there is in the region of the pylorus, a circular orifice of from three to six lines in diameter, with a sharp peritoneal edge, as if a rounded piece of the gastric parietes had been punched out. When viewed from within, the loss of substance on the internal membrane of the stomach, and especially of the mucous layer, appears more considerable, so that the edges of the hole seem bevelled off from within outward.

In other instances, the margins of these ulcers are quite thickened and indurated. Their form is commonly circular, at least at the outset, though they often become elliptical or quite irregular as they extend. In size they seldom exceed half an inch, and in the majority of cases there is only a single ulcer. The seat of the ulcer is almost always found in the pyloric half of the stomach, and more frequently at the posterior than at the anterior surface. When an ulcer is perfectly circular, it has been observed that as it extends in depth there is a very marked narrowing of its area, the muscular coat is less extensively destroyed than the mucous, and the peritoneum again less extensively than the muscular; the perforation taking place in the centre of the included circle.

The exact nature of the process by which these ulcers are formed has not been positively ascertained. Some writers consider it a result of circumscribed red softening, due to chronic inflammation, while others regard it simply as the result of a loss of vital assimilative power of the part affected. The latter is the view entertained by Dr. COPELAND, in his Dictionary of Practical Medicine. He states, "that this disease is more frequent in needle-women and female servants. The patients in most instances have been anæmic, or suffering from derangement of the menses, as well as from pain in the stomach, but have generally been able to pursue their avocation, and to take food even up to the fatal seizure."

Gastric ulcers may prove fatal in four different modes:

1st. By perforation, fatal peritonitis being caused by the escape of the contents of the stomach.

2d. By the ulcers perforating the coats of the stomach and the pancreatic duct, thus causing its secretion to be poured into the stomach, and producing fatal derangement in the process of digestion.

3d. By inanition; the patient's existence being terminated by asthenia, in consequence of the stomach being so irritable that food sufficient for the support of life is not retained.

4th. By hæmorrhage; this may be so copious as to destroy life at once, but more frequently death does not occur till after repeated attacks. According to Dr. BRINTON, death from hæmorrhage occurs in the proportion of one to twenty cases.*

In every case of copious hæmatemesis from gastric ulcers, there can be but one opinion as to the source of the bleeding—the perforation of a small artery. The nearer the situation of the ulcer to the smaller curvature of the stomach, the deeper it has extended, the larger in general are the vessels it meets with, and the more profuse the hæmorrhage.

Hæmatemesis has been regarded by many of our best medical writers as almost pathognomonic of a gastric ulcer. Indeed, one has asserted that, "without hæmorrhage taking place,

* Dr. BRINTON'S Monograph on Ulceration of the Stomach, page 38.

we cannot with any certainty diagnose ulceration of the stomach." But we cannot admit this, for hæmatemesis often occurs from other causes, such as over-distention of the capillaries, engorged portal system, and cancerous diseases; though less frequently than in simple ulceration. It is true, however, that under some circumstances, the vomiting of blood is a very significant symptom of gastric ulceration. It is the only kind of vomit distinctive of the disorder, for the substances ejected present otherwise appearances not different from what they do in chronic gastritis. The blood may be pure and red, but more frequently it is blackened by the gastric juice; and large quantities are sometimes passed by stool. I think we may almost always conclude upon the existence of gastric ulcers, when there is acute pain just after eating, and continues so as long as food occupies the stomach, great tenderness to the touch over the region of the epigastrium, and hæmatemesis.

When active hæmatemesis exists, every effort to arrest it should be promptly made. There should be no delay; we should use our best therapeutics first. And at the head of the list, in this case, we place astringents, sulphuric acid, alum, kino, gallic acid, turpentine, creosote, and acetate of lead; all have their advocates. But in my judgment, the acetate of lead is superior to them all. Several years ago, a celebrated physician recommended gallic acid as almost a specific for hæmatemesis. I never had much confidence in the power of vegetable astringents to control active hæmorrhage of any kind. But after reading the history of several cases illustrating the influence of gallic acid in arresting hæmatemesis, I was induced to give it a trial in a very grave case that came under my care.

The patient was a man, aged 35, of the nervo-sanguineous temperament. I was called to attend him October 24th, 1856. When I entered his room, I found him in bed, cold, and almost pulseless, apparently recovering from a state of syncope. I learned from his wife, that about 12 o'clock on the day before, he came home, complaining of pain and a disagreeable sense of fulness in the stomach. After an hour, he returned to his work, but was gone but a few minutes, when he came back and told her that he had been vomiting blood. He went to bed, rested an hour or more, and returned to his work again. When he came home in the evening, he still complained of pain and fulness in the stomach; and on retiring to rest, took some cathartic pills. These operated freely in the morning, producing several copious evacuations from the bowels, consisting of feces, clots of blood, and a dirty-red fluid. A few minutes previous to my arrival, he had vomited about a pint of pure arterial blood, which, after standing a short time, formed a very firm coagulum. Having prescribed means to produce reaction, I promised to return in two hours and make a more full examination of his case.

When I returned, I found my patient much improved; his pulse was stronger; skin moist and warm; tongue pale and slightly furred; abdomen tender to the touch, particularly in the region of the stomach, and complained of severe pain in the same locality. On percussion and auscultation, the organs of the chest were found in a normal state, excepting the heart. The bellows sound was very loud, and may have been either the result of a loss of blood or old valvular disease, he having suffered at one time for more than a year with rheumatism. The liver and spleen were normal.

From inquiry in relation to his general health and manner of living, I learned that, for three or four years, he had been troubled with indigestion, frequently having severe pain in the stomach, attended occasionally with cramps and vomiting, and for the purpose of obtaining relief from these disagreeable symptoms, he had been under the care of several physicians, and had taken a variety of quack medicines. But obtaining no permanent relief from them, he had during the last six months laid them all aside, and as a means of temporary relief had taken brandy and capsicum. He told me that he had taken more than a tablespoonful of capsicum three times a day, for several days in succession.

From the history and symptoms of his illness, the diagnosis appeared to be perfectly clear—ulceration in the stomach and perforation of some minute artery. A guarded prognosis was given, and the following was ordered every four hours.

℞. Gallic acid, gr. v.
Infus. geranium maculatum, f.℥j. M.

Called again in the evening; found him very restless, complaining of a severe pain in the lower part of the abdomen. Skin cool and moist, pulse 100 per minute. Ordered opium 2 grains, and continued the gallic acid.

25th. Passed a comfortable night. Pulse 95, and more full. Had two fluid motions from the bowels this morning, which contained a little blood. The urine is passed freely, and looks normal. Continued gallic acid.

26th. Appears much better this morning. Continued treatment.

27th. Called in haste. Patient has just vom-

ited about half a pint of blood. Has fainted, is cold and and almost pulseless. Means to produce reaction were ordered, after which the gallic acid was continued; 2 grains of opium were given in the evening.

28th. Passed a good night; is cheerful, and free from pain. Continued treatment.

29th. Comfortable. Late in the evening complained of pain in the stomach; ordered opium, 2 grains.

30th. Called in haste this morning at 7 o'clock. Found patient in a most alarming state of syncope, with threatening symptoms of immediate dissolution. He had vomited blood, and passed a quart or more from his bowels during the night. By the free administration of brandy, inhalations of ammonia, and heat to the extremities, reaction was again established in about six hours.

Having now lost all confidence in the gallic acid to control the hemorrhage, I prescribed the following every three hours:

R.	Plumbi acetatis,	gr. iij.
	Pulv. opii.,	gr. ½.
	Ol. valerianæ,	gtt. ij. M.

This was continued for six days, when the bowels becoming constipated and painful, they were gently moved with turpentine and castor oil. After this there was no more bleeding; the patient was now placed upon the use of citrate of iron and quinia, with such diet as he could easily digest. As his strength improved all his old difficulties vanished, and by the first of January he was in better health than he had been for years.

The signal failure of the gallic acid to arrest the hemorrhage in this case, and several others that have fallen under my notice since, has led me to the conclusion that it is not a reliable agent in internal hemorrhage of any form, and he who depends upon it is leaning upon a broken reed, that will fail him when he most needs help. In every form of active hemorrhage, where an astringent is indicated, the acetate of lead is the most reliable we have. Its sedative properties give it a great advantage, in hæmatemesis, over every other therapeutical agent I am acquainted with, excepting opium. In connection with that article, it has a powerful influence in arresting the peristaltic movements of the stomach, and quieting the irritability of the organ, two very important ends to be attained in the successful treatment of hemorrhage from gastric ulcers.

I am, however, aware that there is a wonderful prejudice in the minds of some practitioners, against the internal administration of lead in any disease. They are in constant dread of poisoning their patients with it. But where i is judiciously employed, there is not the least danger of this. I have used it in my practice very extensively for years, and cannot now remember a single instance where it produced the slightest injury. Dr. J. L. LUDLOW, one of the physicians of the Philadelphia Hospital, says that in that establishment bushels of it have been used, and he never saw any evil results. Dr. WOOD, in his Therapeutics, remarks that he has been in the habit of using acetate of lead for more than thirty-five years, giving it in a vast number of cases, and never witnessed but one instance where injury resulted from it.

Hospital Reports.

PENNSYLVANIA HOSPITAL,
1866.

SURGICAL CLINIC OF D. HAYES AGNEW, M. D.

Reported by Dr. Napheys.

Fissure of the Anus.

Case 1. Dr. AGNEW introduced a female aged 27 years, stating that for six months she had suffered great distress in defecation, and which continued for several hours after the act. On examination an external hemorrhoid was observed, on one side of the verge of the anus, but he did not conceive that this, destitute as it was of any inordinate sensibility, could be productive of the amount of suffering complained of. Nor could any internal hemorrhoidal tumors be felt. On exposing the mucous surface of the extremity of the bowel, a small ulcer was detected. This, the Doctor remarked, trifling as it appeared, was amply sufficient to explain the nature of the case. It is an anal fissure. Nothing entails so much severe suffering as this. It may be predicated on the existence of an acute burning pain coming on a short time after an evacuation from the bowels, and continuing for four or five hours, accompanied frequently by a spasmodic contraction of the sphincter. It should not be confounded with hemorrhoids; the pain is altogether different as to time, and persistence. In the latter it is severest during the fœcal passage, gradually subsiding; while, as stated in the former, it is most intense after, and increases for a prolonged period. All doubt, however, is removed on an inspection of the parts, when the crack or fissure may readily be exposed to view.

It is gratifying to know we have a remedy, certain, infallible. All ointments are useless; caustics equally so. The ulcer refuses to heal, because the muscular fibres of the sphincter underlying it, constantly disturb all attempts at repair. They must be placed at rest, and this is best accomplished by an incision extending through, or partly through the muscle, at any part of its circumference. Some prefer cutting in the fissure. The operation was, after this explanation, done by the Doctor by introducing a

finger into the bowel. and along it, carrying a straight probe-pointed bistoury, after which it was turned into the fissure, and the division accomplished. The external hemorrhoid was next cut off with a pair of scissors, and lint, soaked in cold water, applied to the parts. The bowels were ordered to be kept quiet for five days, by an occasional pill of opium.

Syphilitic Keratitis.

Case 2. The patient was a girl about 13 years of age, complaining of intolerance of light, indistinct vision, with some pain over the brow. For several months she has been in this condition. On examination the Doctor described the cornea as having lost its lustre, become dull, hazy, and so opaque, that its capacity for the transmission of light is greatly diminished. A small cluster of blood-vessels is also spreading itself over the cornea. There were two conditions, therefore, both of which were foreign to the normal state of the parts; a deposit of lymph between the laminæ of the cornea, constituting an interstitial keratitis, and loops of blood-vessels, forming the vasular cornea. The general appearance of this girl does not indicate the possession of a very vigorous organization. She is pale, thin, with some involvement of the lymphatic system, as is seen in the facility with which the cervical glands may be felt. Such cases are generally deemed of strumous origin; doubtless they are often syphilitic. A deposit, when situated deep in the cornea, is very often incapable of removal. The treatment in such a case, must be general and local. The remedies which seem to exert the most salutary influence through the constitution, are such as combine alterative with tonic properties,—and for this end we will direct the liq. ferri iodidi; 15 drops three times a day, with one teaspoonful of cod-liver oil,—insisting on the use of a good diet.

As a local application, a solution of the argt. nitratis, 2 grs., to the f.℥j. of rose water, brushed over the eye every day. Strong solutions, I am convinced, do harm. The division of the ciliary muscle has recently been extolled as of great value in clearing up the opacity, and removing the vascularity of a corneitis. I have found it apparently do some good, but the tendency to relapse is very great. How it acts I am unable exactly to understand,—running as the fibres of this muscle do, from the ciliary ligament to the ciliary processes, it may be their division relieves, (if divided they are,) in some degree, the circulation through the venous sinus at the ligament. The operation, as described, is not a difficult one. The upper lid is to be raised by an elevator, while the lower one is depressed with the fingers of the operator; a cataract knife is then entered about a line or two posterior to the sclerotico-corneal junction, and carried sufficiently deep to penetrate the tunics of the eye. A solution of atropia (2 grs. to the f.℥j.) is next brushed over the eye, and the lids closed with a soft compress secured by a roller. After two or three days the dressing may be permanently laid aside. The operation was performed on the patient after the manner described.

Anchylosis of the Lower Jaw.

Case 3. This patient, a girl 10 years of age, states that she received a fall some months since, striking her chin, since which time her jaw has become gradually stiff. She is unable to separate the maxillæ more than will serve to admit the blade of a knife flatwise. She is suffering also from an old tarsal ophthalmia.

On examining the muscles of mastication, no rigidity can be discovered; the muscles are not at fault, and we may look for the cause, therefore, at the articulation. In all probability, there has been a synovitis, and the immobility due to intersecting bands within the joint. An anæsthetic will be administered, and when under its influence, a dilator will be inserted between the jaws, and the maxillæ gradully and forcibly separated. The blades of this instrument should always be protected with wood or gum elastic, otherwise the teeth may be injured. After the adhesions are broken up, active movement must be kept up every day, to ensure the destruction of the false bands, and restore the function of the joint.

The operation was perfomed as described, and the diagnosis proved to be correct. This patient, at the end of two weeks, was discharged cured.

Fracture of the Femur.

Case 4. This patient, a male, aged thirty, fell from a height, injuring the left limb. It will be observed there is shortening, which, by measurement, amounts to nearly two inches. In lifting the leg, great angular deformity is seen in the lower third of the thigh, and on applying the hand over the seat of this deformity while the foot is rotated, crepitus is distinctly felt, and severe pain induced. Such phenomena establish the existence of a fracture. It is oblique, as most fractures are in civil surgery, and the bones are drawn past each other by the powerful groups of muscles stretching between the pelvis and leg. Such accidents are invested with special interest to every practitioner; and it is one of the highest offices of our art to be able to so adjust such an injury, as will involve no subsequent disability. There are several mechanisms in use for such a fracture. That of Desault, in some of its modifications, has ruled almost unchallenged in practice, but in this hospital it is laid aside, I doubt not, forever, for one which is simple, comfortable, philosophical. Here are all we require to treat such a case as is now before us. A single bedstead, with an opening in the bottom; a firm mattrass, with a hole in it, and a sheet to correspond. On this the patient is placed, so that the nates shall rest over the opening. By this provision a proper chamber may be introduced from below and receive the evacuations, without necessitating any considerable movement of the body. To restore the limb to its normal length, and so maintain it, we must have extension, counter-extension, and lateral pressure. The first is effected by an adhesive strip applied on either side of the limb, from the fracture to beyond the foot, with circular ones to render the longitudinal more secure. A roller is to be applied over these, passing from the foot to the pelvis, which gives not only additional fixed-

ness to the adhesive strips, but counteracts muscular spasm. To the little piece of wood at the bottom of the extending strips, a piece of stout roller is tied, to which the weight is to be attached. At the foot of the bed is placed an upright, supporting a pulley, over which the weight is to be thrown. The weight of the body will constitute the counter-extending force, and its effect will be increased by raising the foot of the bed three or four inches. On the inner and outer aspects of the limb are placed two bags filled with sand. The weight should not be attached for at least twelve hours after the dressing is applied; only let the foot be secured by the extending slips to the upright at the foot of the bed. If this precaution be observed, the adhesive strips will remain firm. Rarely is it necessary to reapply them more than once during the progress of the case, and frequently there is no necessity even for this.

JEFFERSON MEDICAL COLLEGE,
March 28th, 1866.

Selections from the

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Strabismus.

Mary R., twenty-one years of age. She has convergent strabismus. The divergent form is exceedingly rare. The defect has existed since her fifth year. As is nearly always the case when the strabismus is of considerable duration, the sight of the bad eye is seriously impaired; she cannot tell what o'clock it is by a watch with that eye. Both organs are affected. The disease came of its own accord. Her health has always been good; has never had convulsions. The affection essentially depends upon the contraction of one of the muscles of the eyeball; in the convergent form, of the rectus internus; in the divergent, of the rectus externus; a condition similar to that of the tendo-Achillis in club-foot, or of the sterno-cleido-mastoid muscle in torticollis or wry neck. How it is produced, we are unable to determine. It sometimes comes on at a very early period of life, sometimes before the child is a year old. Occasionally, indeed, it is congenital. The true nature of this affection was determined by STROMEYER; but the first operation was practically performed by DIEFFENBACH, of Berlin.

The only thing that will remedy an affection of this kind is an operation, consisting in dividing the affected muscle a short distance from its attachment to the sclerotic coat. The method of procedure is simply to place the patient upon a chair, with his head retracted and resting against the breast of an assistant, to elevate the upper lid and depress the lower, and to seize the ball of the eye with a very delicate double hook, plunged into the sclerotic coat in the horizontal axis of the eye, a short distance behind the cornea. The surgeon, standing in front of the patient, pinches up the conjunctiva with a pair of tooth-forceps, and then divides the conjunctiva and the ocular fascia, or submucous cellular tissue, so as to bring into view the muscle, which is next severed a short distance from its point of attachment.

The operation was successfully performed upon both eyes, and the patient directed to remain in a darkened chamber for a few days: an anodyne to be given if severe pain came on. A dose of citrate of magnesia was ordered to be taken the next morning.

Necrosis of Humerus.

John D., æt. 22. He received a gunshot wound in the upper part of the arm, at Gettysburg, in 1863. A hollow place can be felt under the skin from the defect of the muscle injured at that point. The probe, introduced into the opening of the wound, comes in contact with dead bone, which always acts as a foreign substance, no matter how its death is produced, or how long it is retained, and keeps up irritation and discharge. It has long been a problem with surgeons and pathologists, whether dead bone is susceptible of absorption. The decision of the question has been attempted by experiment. Mr. GULLIVER, of London, performed some experiments, which consisted in introducing and confining pieces of dead bone upon suppurating surfaces in the subcutaneous cellular tissue, and in the medullary canal of inferior animals: and he found, after a time, no change had taken place in them. Recently, some other experiments have been instituted, which would seem to show that a little absorption may take place. I am decidedly of the opinion that there is no occurrence of this kind.

The probe always readily detects the presence of diseased bone. But whenever a man has received a wound, contusion, or severe shock of a bone, and an abscess has formed, and there continues to be a discharge from the parts at the same time that there is a kind of nipple-shaped bed of granulations at one or both openings, any person, with a knowledge of the history of caries and necrosis, would know at a glance that there was diseased bone there. The probe is of service in determining the extent of the disease.

Upon the grooved director, the superimposed structures will be divided to an extent sufficient to permit an approach to the parts, and then the work of removal will be performed as may be found convenient. No rules can be laid down in regard to these operations, except those of the most general character. An instrument, which may be called a gouge or chisel, will be used as a scraper, or cutter, or elevator; and, as well calculated for the purpose of removing the dead portions of bone, a drill, constructed upon the same principle as that of the dentist's for cleaning out cavities preparatory to plugging, will be employed.

A longitudinal section was made, after the patient was placed under the influence of chloroform, on the front of the arm to the outer side of the large vessels and nerves, and the dead bone, which extended nearly up to the articulation, removed. The cavity was then well cleaned out, by means of a stream of water from a large syringe.

These operations are always tedious, but there is the satisfaction of having accomplished a great

deal of good. The pieces of bone removed had lain, encased in callus, ever since the injury was inflicted, and if the patient were to live a thousand years, they would remain, without being taken up or acted upon by the tissues in the slightest manner, any more than would be pieces of lead or wood. The edges of the wound were brought together by a few points of interrupted suture, and the opening was ordered to be syringed several times in the twenty-four hours with a weak solution of permanganate of potassa, as a deodorizer and slight stimulant. In the course of two or three weeks, the man will be nearly well. Medicated dressings, as a solution of sugar of lead and opium, applied with pieces of flannel cloth, and covered over by oil silk, are preferable to simple ones, especially where there is likely to be pain or swelling.

Case of Malformation.

A child, six months of age, was presented, with supernumerary fingers and toes, and a remarkable malformation of the tongue, showing itself in the form of a nipple-shaped tubercle, apparently similar in structure to that of the tongue, at the anterior and lateral aspect of this organ, little horns, as it were, growing out there. This is especially curious in connection with the malformation of the fingers and toes, there being six fingers upon each hand, and seven toes upon each foot—a double big toe and five little ones. An extra finger was removed from one hand soon after the child was born, being attached simply by a cutaneous pedicle.

It is as impossible to explain why there should be supernumerary structures, as it is to account for the deficient freaks of nature. These cases are sometimes hereditary, sometimes running through several generations.

One finger was removed from the hand, but further operation was postponed, that a drawing might be made of the feet.

Fatty Tumor of Eyelid.

Stephen H. This young man has a little tumor on the upper eyelid, caused by inflammation of a Meibomian follicle depositing plastic matter which has become organized. In this way, tumors are found sometimes of the size of a small pea, consisting essentially, in most cases, of plastic matter intermixed with fatty substances, in a state of partial organization. They sometimes project through the fibro-cartilage of the eyelid.

The tumor was removed from the outside by an incision made in the direction of the horizontal axis of the lid, just above the eyelashes. The parts might be brought together by one stitch of a very delicate thread, allowed to remain for forty-eight hours, but it is not necessary here.

These affections are frequently connected with disordered conditions of the digestive apparatus, as dyspepsia or constipation, derangement of the liver, or irregularity of the menses. Sometimes they are seen forming, one after another, especially in females, with whom they are decidedly more common. When this tendency to their formation exists, the best plan is to improve the digestive function, and to attend to the secretions of the liver, making use of a properly regulated diet, a slight course of tonics, especially the tincture of the chloride of iron and an occasional mercurial purge; sometimes giving a little arsenic.

Medical Societies.

NEWARK (N. J.) MEDICAL ASSOCIATION.

(MAY MEETING.)

Fatal Hæmorrhage from Lungs; Pulmonary Abscess.

Dr. Lehlbach presented a specimen taken from a man, 25 years of age, who, while walking in the street one evening, was seized suddenly with violent hæmoptysis, and entering an alleyway, was taken care of by the neighbors. Dr. Woodhull was called and arrived immediately, but the patient expired in a few minutes.

On making the *post-mortem* examination, Dr. L. found the hæmorrhage to have proceeded from an abscess situated at the top of the right lung, undoubtedly of old formation. The lung tissue around the abscess was completely solidified, presenting a dense layer of hepatized tissue, from one-third to one-sixth of an inch in thickness, the pleuræ strongly adherent to each other and to the lung and ribs, throughout. Anteriorly the walls of the abscess were quite thin. A bronchus of the second division was found to communicate with the cavity, through which the blood pouring out from the ulcerated vessels had been able to rapidly fill the air passage and produce death, partly from syncope partly from asphyxia. The lower lobe of the lung was in a high state of sanguineous infiltration, the blood having regurgitated into its bronchi during the agony, and giving it the appearance somewhat of pulmonary apoplexy. Extensive tubercular deposit was found, as also in the other lung. On inquiry, it was found that the patient had been subject to attacks of hæmoptysis during the last three years,—one very violent two years ago.

External Use of Chloroform in Burns; Prognosis of Burns.

Dr. Woodhull gave the account of a case of extensive burning of a child, the burned parts involving nearly the whole of the upper anterior part of the body. When he was called to see the child, it suffered so intensely, and the injury seemed so severe, that he considered the prognosis as almost surely unfavorable, and in order to be able to apply some dressings, placed the child under the influence of chloroform. It then struck him that the addition of a certain quantity of chloroform to the ordinary dressing of Carrol oil which was used, might, perhaps, have

some effect in allaying the terrible suffering of the patient by producing a certain degree of local anæsthesia. Some chloroform was consequently added, and the results proved very satisfactory. Not only did the child recover, contrary to all expectations, but it was remarkable how the addition of a small quantity of chloroform to the Carrol oil alleviated the pain; so much relief was obtained from it that the child would fairly cry for its dressings.

Dr. CROSS related some cases of severe burning in children. He remarked that we could not be too careful in our prognosis in these cases. Very severe cases often recover, while some, where the injury is slight, die. He remembered a case of a child which had been slightly scalded on the chest, not preventing it even from playing. The next morning it was seized with convulsions and died.

Dr. O'GORMAN agreed with Dr. CROSS. He had seen fatal convulsions supervene in a child upon a slight burn on the forearm; on the other hand, he saw a case recover where the face, neck, and upper part of the chest now form one complete cicatrix, with hardly sound tissue enough to warrant a plastic operation to relieve somewhat the immobility of the mouth and jaws. Regarding the use of chloroform, as observed by Dr. WOODHULL, he considered it a valuable observation; and the practice well worth further trial.

Dr. HICKEY spoke favorably of the use of a strong solution of nitrate of silver (5 to 10 grains to f ℥j.) as a dressing in the place of the usual modes. He had of late had very good success with this treatment; it relieves the pain to a noticeable extent, and promotes the healing process.

Cholera.

Dr. BALDWIN continued his paper on cholera. A vote of thanks was tendered, and the author requested to continue the subject.

Dr. GRANT, delegate to the American Medical Association, made his report, which was accepted. L.

EDITORIAL DEPARTMENT.

Periscope.

The Actual Cautery in Ovariotomy.

At a recent meeting of the Obstetrical Society of London, Dr. I. BAKER BROWN, according to the *British Medical Journal*, gave an account of his experience in the use of the actual cautery in ovariotomy. He observed that on February 1st, 1865, he placed before the Society his first case of completed ovariotomy in which the pedicle was divided by the actual cautery. Since then, he had published ten or eleven more in the *Lancet;* (noticed in a former number of the REPORTER;) and now he wished to relate his last eleven cases, and make some remarks on the use of the actual cautery. In the eleven cases the operation was completed, and all recovered. In a few of the cases the cautery was not sufficient alone, it being necessary to ligate several vessels in the adhesions, and in one case the artery which was bleeding was from a very fat mesentery, and the superabundance of fat prevented the seared edge from puckering. He considered it highly necessary to have a properly-made clamp; also, it was advisable that the iron should not be too hot, a simple red heat being best, so as not to hurry the process of separation, but to bruise the pedicle by cutting it off slowly, and afterward care must be taken not to disturb the stump. On one occasion, the author being anxious to see if the vessels were safe, (after the cautery,) gently rubbed the edges with a towel, when the crust was broken, and a small vessel bled. Of twenty-three cases of completed ovariotomy, the author had lost but two. He thought it must appear evident that his success had arisen from the use of the actual cautery.

Rupture of the Corpus Cavernosum—Death.

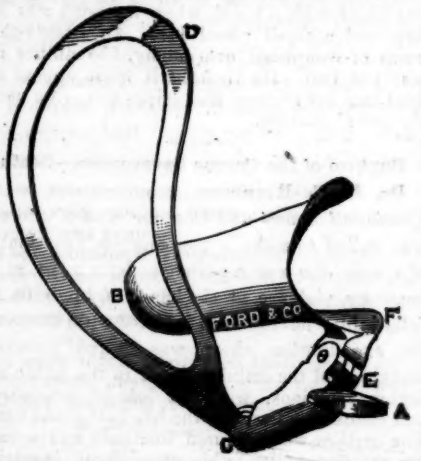
Dr. D. C. RATHBURN, communicates to the *Cincinnati Lancet and Observer* a case where he was called to make a post-mortem examination of a man who was reported to have come to his death by violence at the hands of his wife, the fatal injury having been inflicted upon the penis. On examination there was found extensive sloughing of the cellular tissue in the pubic and inguinal regions, with the loss of integument and connective tissue of the left half of the penis. The urethra was ruptured one inch and a quarter anterior to its pubic attachment, involving about four-fifths of the left and one half of the right cavernous body. The doctor in attendance had made several ineffectual attempts to introduce a catheter. There was extensive infiltration of urine; and death occurred eight days after the accident. His dying statement to a friend was to this effect, that on the evening that he received the injury he was about to have connection with his wife who was mad. She seized him by the erected penis, and bending it suddenly and forcibly upon itself broke it. The physician who attended the case, when asked why he did not amputate at the break, replied that he had no authority to do so, as the books said nothing about it and we had no literature on the subject.

The Editors of the *Lancet and Observer* add several instances of this very rare accident. Prof. EVE, in his collection of "Remarkable Cases in Surgery" has recorded several instances. One was originally reported in the *American Journal of Med. Science*, by Dr. RUSCHENBERGER, U. S. N. Prof. MOTT has reported two cases, with fortunate results—under treatment of absolute rest—with cold applications.

Emmet's Perineal Retractor.

Dr. Emmet, Surgeon to the Woman's Hospital of New York, describes his "perineal retractor for vaginal examinations" as follows:

"This instrument brings the neck of the uterus into view, as with Sims's speculum, by retraction of the perineum, but with the advantage that an assistant is unnecessary. The patient should be placed in the same position on the left side, the lower limbs flexed well on the abdomen, with the upper or right leg in advance of the under one; the lower, or left arm, withdrawn from under the body, and flexed across the back, so as to rotate the chest as flat as possible on the table or operating chair. The proper position is absolutely necessary in the use of both instruments; and without it is observed in detail, a great advantage is lost. When properly applied, either will expose a larger portion of the vagina than can be done by any other instrument in use.



"After separating the instrument fully, the fenestrated blade, *D*, is turned up as represented in the cut; the vaginal portion is then introduced on the index finger of the right hand, at the same time the perineum is pushed backwards, and the instrument is held firmly in position, while the thumb-screw, *A*, is turned by the other hand, until the instrument is adjusted. By the thumb-screw, the point, *B*, of the speculum is carried into the hollow of the sacrum; with the joint at *C*, the blade *D* can be adjusted on the right buttock; by carrying it in the direction *D*, as the lower portion of the instrument in the line *C*, *E*, *F*, rests on the lower buttock, along the sulcus, and the vaginal portion is in the shape of a cone, the upper labium of the vagina is elevated. If the cervix uteri is not brought into view at once, a depressor may be needed to push aside the anterior wall, although as a rule it is not necessary. By elevating slightly the instrument at *F*, the point *B* becomes depressed so as to bring the neck often into view, when not presenting. As it is impossible to have a single blade of a size to answer for every case, as with Sims's speculum, a little manipulation is frequently needed when the vagina is unusuallylong or its wall relaxed; a depressor is therefore required; when once the neck is brought into view, it should be seized by a tenaculum, and drawn in advance of the fold, and it generally remains in position afterwards. The tenaculum may remain hooked into the cervix, as it is absolutely necessary to steady the organ properly during any manipulation, even when the neck is brought into view at once."

Dr. Emmet has used the instrument for the treatment of uterine disease, and for different surgical operations on the base of the bladder, with satisfaction. For an examination without the aid of an assistant, and for long operations, this instrument, when properly applied, affords great facility. It gives no pain, and from the steadiness with which the retraction is maintained, is preferable to the jerking and unsteady handling of Sims's speculum by an assistant unaccustomed to its use.

Absence of the Pacchionian Bodies in an Insane Person.

Dr. Greensville Dowell gives in his journal, the *Galveston Medical Journal*, an account of the post mortem of an insane man, a German, aged 46 years. The point of special interest in the case is the total absence of the pacchionian bodies, or any trace of their having existed.

"We took out the brain, which weighed 3 lbs. 2 oz. There were no abnormal effusions, *but there were no pacchionian bodies.* Where they were usually situated, was as smooth as the other surface. There were no depressions on the calvaria that would indicate that he ever had any. The corda spinalis was all white where it was divided, as also the corda oblongata. No trace of cortical substance. The brain appeared to be more solid than usual, but the convolutions were perfect, and the gyrations as deep as usual. There were no adhesions between the dura mater and pia mater, or arachnoid. No unusual amount of serum. After soaking the brain ten days, with the membranes on, I dissected it before the medical class. I did not discover any softening or unusual induration, and the cortical substance was well seen in the convolutions. The arbor vitæ was most beautiful, but the cortical substance could be scarcely seen in the oblongata spinalis.

"All the twelve pairs of nerves were well shown and natural. The pituitary gland was crushed by the chisel in taking out the brain. The fluid was glairy and, as I thought, natural. There was no enlargement of the sella turcica, or abnormal protuberances in any part of the base of the cranium.

—— The New abattoir at Chicago is completed. It has accommodations for the slaughtering of 1000 head of cattle, 3000 hogs, and 1000 head of sheep per day; and is three stories high, with a frontage of two hundred and eighteen feet, and a depth of one hundred and fifteen. Its cost is about $70,000.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 9, 1866.

SPECIAL NOTICE.

☞ WE WISH OUR READERS TO BEAR IN MIND THAT THE FIFTEENTH VOLUME OF THE MEDICAL AND SURGICAL REPORTER BEGINS ON THE FIRST OF JULY. IT IS A SUITABLE TIME FOR NEW SUBSCRIPTIONS TO BEGIN, AND AS IT IS LIKELY THAT THERE WILL BE A LARGE ACCESSION OF NEW NAMES TO OUR LIST FROM THAT DATE, IT IS IMPORTANT THAT WE SHOULD RECEIVE THEM AS EARLY AS PRACTICABLE, THAT WE MAY KNOW HOW LARGE AN EDITION IT WILL BE NECESSARY TO PRINT.

*** LET EACH OF OUR PRESENT SUBSCRIBERS MAKE IT A POINT TO SEND US AN ADDITIONAL NEW NAME.

JUST WHAT WE WANT.

Dr. EDWIN M. SNOW, in his memorial to Congress, in which he protests against the joint resolution to empower the executive authorities to institute quarantine measures against cholera, concludes as follows:

"... The undersigned ..... would at the same time earnestly pray your honorable body, that you will institute a deliberate and thorough investigation, with the view of reforming the flagrant abuses which now exist in some of our seaports, *and of establishing a uniform system of quarantine regulations, and particularly of naval hygiene, founded upon the true nature and causes of diseases, and in accordance with the latest and best evidence upon the subject.*"

This is just what we want—*a uniform system of quarantine*, with such full accommodations *on land*, to carry out sanitary regulations in regard to the cleansing and purification of passengers, baggage, and vessels, that the reproach of inhumanity and barbarism, as well as the danger of the introduction of portable diseases, will be removed.

QUARANTINE.

In a letter which has appeared in the *London Times*, Mr. HARRY LEACH, the Resident Medical Officer of the *Dreadnought* Hospital-ship, offers some very useful information on this subject, gathered by himself in a recent visit to Turkey and the Principalities. In those countries, as is well known, the system of quarantine has long prevailed and has been wholly inefficient, but Mr. LEACH points out that the inefficiency is due to the absurd manner in which the quarantine regulations are carried out, and not to the system itself. In fact, it appears that quarantine in Turkey is a mere farce, the lazarettos being placed in close proximity with the habitations or workshops of healthy persons; and even at Marseilles, where the authorities ought to know better, the lazaretto is close to the steamboat pier. On the other hand, Mr. LEACH points out that in the Kingdom of Greece, and in the islands adjoining the Morea, *the system of quarantine is strictly enforced*, and with such good results *that cholera has been completely shut out from the main land, and from the islands, even although it has raged in the countries all around them.*

EXTENSIVE LEAD-POISONING FROM THE USE OF LEAD GROUND UP WITH FLOUR.

During the last two months, we are informed by a correspondent of the *New York Tribune*, the people residing in that portion of Walkill Valley which lies in the western part of Orange county, were attacked by a disease which exhibited the most positive symptoms of lead-poisoning, although for some time the cause of the occurrence remained in the dark.

"In some cases whole families were stricken down, while in others only one or two members of a family were attacked. Sometimes the disease assumed a violent form and caused death; and again it was of a milder type, and the patients were relieved. To-day hundreds are suffering from its effects.

"The symptoms most prominent in these cases have been obstinate constipation, severe pain in the abdomen, nausea and persistent vomiting, colic, difficulty in voiding urine, and in many instances the evacuations being mingled with blood; pain and heat in the region of the kidneys, cramps and partial paralysis of the upper extremities, and an anxious gloomy expression of countenance. The above are the symptoms which have been present in a greater or less degree of prominence and severity in every case.

"After considerable research, it was found that the lead was conveyed into the stomachs of the sufferers by bread and meal, and as a greater part of those staples were manufactured at the mill of a Mr. MARSH, at Phillipsburg, an investigation was at once made in that direction, and the following facts were elicited, much to the surprise of every one, the miller himself included:

"It appears that Mr. MARSH had gained an enviable notoriety for the superior quality of his flour, and that the farmers for many miles around were in the habit of bringing their wheat and corn to his mill to be made into flour and meal. Aside from this, he exported largely, so that his mill, which has four run of stone, was kept constantly going—by night as well as by day. One set of these stones was set apart for his "custom" work. This was an old set, constantly needing repairs, and large cavities frequently manifested

themselves, which, instead of being filled up with the cement generally used for that purpose, were filled with common lead. Some of these holes were as large as a hen's egg, one, we are informed, being as large as the palm of a man's hand. If, when filled, the lead projected above the surface of the stone, it was hammered down level. They were then adjusted, the grain was run in, and the motion began, and was gradually increased until a very high rate of speed was attained. Of course, the attrition caused by this velocity detached particles of lead from the stone and mingled them almost imperceptibly with the flour. Each moment increased the amount, so that to every pound of flour there was enough lead imparted to make small buckshot. With the enormous business of Mr. Marsh, the reader can imagine how much lead was being distributed throughout the surrounding country, to be absorbed into the systems of those who partook of the flour.

"The lead in this form was comparatively harmless, but when fermented and subjected to the baking process, it was immediately transformed into carbonate of lead—the deadliest of all lead poisons. Bread of this kind was but little better than bread spread with white lead as a substitute for butter.

"As soon as it became apparent that the disease sprang from the bread of which the sufferers had partaken, Dr. Dorrance and Mr. King at once determined to analyze the flour. Samples were procured, and to their astonishment, they found that the lead could be discerned with the naked eye. Next, a microscope revealed it beyond a doubt, and as a still further proof, it was subjected to some six standard tests, each one showing the presence of lead in large quantities. After these tests, all the flour which had come from Marsh's mill was immediately returned to him, and the mill ceased running; but the mischief was already done, the seed had been sown and the fruit was coming forth at an alarming rate; the young and old were stricken down, those who were afflicted with any chronic disease being the greatest sufferers."

The following is a tabular statement of the number of cases treated by the physicians in the neighborhood, from the middle of March to the present time:

Dr. Dorrance,	40
Dr. Everett,	51
Dr. Johnson,	38
Dr. Bradner, (severe,)	9
Dr. Smiley, about	30
Dr. Wright, about	45
Total,	213

This only includes the region in the immediate vicinity of Middleton, and does not embrace Goshen and its environs; but there have been over one hundred cases in that neighborhood.

We hope that some of our readers in Orange county will favor us with an account of the most interesting features of this "wholesale poisoning."

CONVENTION OF REPRESENTATIVES FROM MEDICAL COLLEGES IN THE WEST.

We learn from the *Chicago Medical Examiner* that, in response to a call of the Faculty of the Ohio Medical College, a convention of representatives from Medical Colleges of the West was held at Cincinnati, April the 14th, for the purpose of agreeing upon a more uniform rate of lecture fees. Seven schools were represented by delegates, three more expressed their concurrence in the object of the Convention by letter, five remaining unrepresented.

The following preamble and resolutions, offered by Prof. N. S. Davis, were unanimously adopted:

"*Whereas*, The cause of medical education requires the establishment and maintainance of permanent colleges, with all the necessary means for illustration and practical instruction, as well as competent teachers, thereby involving a large annual expenditure of money, therefore,

"1. *Resolved*, That a reasonable demand for lecture fees is required by the best interests both of the Colleges and those who patronize them.

"2. *Resolved*, That competition among Medical Colleges, to be beneficial to the profession and the cause of medical science, should be based *entirely* on the ability of those engaged as teachers, and the completeness of their curriculum, with the facilities for practical demonstrations accompanying it, and not on *mere pecuniary* differences in the cost of attendance; and hence, the fees charged in all the Medical Colleges, in a given section of country, should be uniform, or so near uniform that the actual cost of attendance in the different colleges shall be practically equal.

"3. *Resolved*, That inasmuch as only a limited number of students can be properly accommodated or educated in any one college each year, any State which, with enlightened liberality, should so endow the medical department of its State University as to make education therein free, ought to so far regard the interests of the institutions of other States as to limit the freedom of its instruction to the citizens of its own State.

"4. *Resolved*, That in the opinion of the College faculties here represented, the aggregate annual fees for instruction in each College should be not less than $105 for each student.

"5. *Resolved*, That a committee of three be appointed to communicate the foregoing views to the faculties of the several medical colleges not here represented, and also to the Regents of the University of Michigan, with a view to the ultimate removal of such obstacles, legal or otherwise, as may be in the way of the voluntary adoption of the sum named in the fourth resolution, or some other sum near it, as a uniform standard of college fees; and to take such measures as they may deem necessary, and report to a future Convention called for that purpose.

"6. *Resolved*, That the Colleges here represented would, in the opinion of the delegates present, be willing to lengthen their annual lec-

ture terms to six months, if by so doing practical uniformity in the standard of fees could be fully secured."

We hope the objects of the Convention, as expressed in these resolutions, will be speedily accomplished. The *underbidding* in the fees of some of the medical schools has been an evil, as well as a serious reproach upon the profession.

Notes and Comments.

Cholera.

Dr. W. T. TALIAFERRO, of Cincinnati, Ohio, a practitioner of long and extensive experience, writes us in a business note:

"Cholera is now engaging the attention of the medical world more than any other subject, and not a word have I heard or read that is new.

"The Pathology of cholera is the absorbing question before our Academy of Medicine, and we know no more about the pathology of cholera than LIZZAR did in 1832-3. I am sorry to see Dr. SAYRE, of New York, urging quarantine and contagion. During the epidemic cholera, I saw, in 1832-3, too many cases isolated from watercourses or public highways, ever to believe it contagious. Crowded places and filth increase the disease beyond doubt. I have never known the cholera to attack any man engaged in post mortem examinations or extensive dissections, a fact worthy of note."

Quinine a Constituent of the Body.

It is too soon, says the *Lancet*, to say, that chemists have discovered that quinine is a natural constituent of the body; but they have found in the textures of the body of the guinea-pig a substance which they find it hard to distinguish from quinine. The discovery came about in an unexpected way. Dr. BENCE JONES and Mr. DUPRÉ were making experiments with a view to ascertain the rate at which substances passed into and out of the textures. They chose quinine because of its effect, or rather the effect of an acid solution of it upon light. Quinine was given to one guinea-pig and withheld from another. Both were killed. The organs and tissues of each were subjected to a process of heating in a water bath with very dilute sulphuric acid; and from the tissues of the one that had not taken quinine, was extracted a fluorescent substance, the solution of which acted on the spectrum almost precisely as the solution of quinine. Not only by the mode of its extraction from the tissues and its behaviour toward light was this substance not to be distinguished from quinine, but in its chemical relations with various other substances it very closely resembled the alkaloid of cinchona. For the present it has received from the above gentlemen the name of Animal Quinoidine, and is supposed by them to be one of the earliest products of the downward passage of albumen.

Medical Society of the State of Pennsylvania.

The Society will convene at 11 o'clock. A. M., at Wilkesbarre, on the 13th inst.

The Pennsylvania Central, the Lehigh Valley, and the Lackawanna and Bloomsburg Railways will return delegates, on certificate of the Secretary, free.

The North Pennsylvania, the Reading, and the Catawissa Railways will issue excursion tickets at half fare, good from the 13th to the 17th.

Arrangements are in progress with other Railway lines, but are not yet completed.

Returned from Europe.

Dr. LOUIS BAUER, of Brooklyn, New York, has returned from Europe, and we have reason to believe that his observations there will be made available to our readers.

Books, &c., Received.

Scripture Testimony against Intoxicating Wine. By Rev. WM. RITCHIE, Dunse, Scotland. Pp. 213. 12mo. New York: National Temperance Society and Publication House.

Correspondence.

DOMESTIC.

Portability of Cholera.

EDITOR MEDICAL AND SURGICAL REPORTER:

In your last number, of May 19th, I observe a letter from Dr. EDWIN M. SNOW, of Providence, R. I., in which he still insists in placing false assertions before the public as facts, in order to prove his theory of the spontaneous generation of *Asiatic cholera* on this continent; and again repeats the statements of Drs. PARKER, CRANE, and STONE, that there were 31 cases and 27 deaths by *Asiatic cholera*, on Ward's Island, in November and December last. He says:

"*Another Fact.* At the time the *Atalanta* arrived in New York last fall, Dr. SAYRE boasted that the quarantine kept the cholera out of the city. Recent developments show that in November and December, there was an endemic of genuine Asiatic cholera in one of the hospitals of Ward's Island; there being 31 cases, of whom 27 died.

"Dr. Sayre denies that this disease was cholera; but Dr. Ford, Physician-in-Chief of the hospital, who was previously acquainted with the disease, says positively that it was *Asiatic cholera*."

As I have already fully answered this erroneous statement, in my letter to the Board of Health, on the 27th of April, and which they refused to read, but ordered on file without making known its contents, I can do no better than send you a copy of the same, as published in the *New York Herald*, of April 29th.

As this letter appeared in a secular paper from *necessity*, it is possible that Dr. Snow may not have seen it, and I am therefore obliged to him for the opportunity of spreading these *facts* before the medical profession in your most valuable and widely-read journal.

The Cholera on Ward's Island.

To the Editor of the Herald:

The following report was sent to the Metropolitan Board of Health, in order that they might correct their erroneous statement of "twenty-seven deaths by Asiatic cholera on Ward's Island, in November and December last;" but I see by the report of their transactions that they ordered it "on file without permitting it to be read," thus proving that they are attempting to suppress testimony in order to sustain their false position, and I have, therefore, deemed it my duty to give the facts to the public.

Lewis A. Sayre, M. D., 285 Fifth Avenue.

To the Metropolitan Board of Health:

Observing the Report of the Metropolitan Board of Health, as published in the papers of yesterday, I see it stated:

"Dr. Crane read a lengthy document in reply to the card of Dr. Sayre, refuting the assertions made by Dr. Stone and the Sanitary Committee, in relation to the number of deaths from cholera alleged to have occurred on Ward's Island. The various cases which resulted fatally are cited in the communication, and from the records and the testimony of Drs. Ford and Gulekе, it was established beyond cavil that, between the 22d of November and the 20th of December last, thirty-one cases of cholera occurred on Ward's Island, in one building, and that of these twenty-seven were fatal. These cases were entered on the death-books of Ward's Island as Asiatic cholera."

As this is a question of veracity between these gentlemen and myself, I beg leave to substantiate the truthfulness of my former statements by referring, first, to Dr. Ford's own published testimony, as it is found in the Annual Report of the Commissioners of Emigration for the year ending December 31st, 1865. On page 52, he states:—"Diarrhœa and dysentery were much more prevalent than in former years, but did not appear of an epidemic or fatal character until the rainy period, which occurred in November, when it assumed an epidemic or choleraic type. On the 22d day of November, the first fatal case was recorded, followed daily by others, until the middle of December, when it mitigated, owing probably to the favorable change which had previously taken place in the weather and the sanitary measures then adopted to arrest it. Still it continued in the same building in which it had commenced up to the 20th of December, when it entirely ceased. There were thirty-one cases of this epidemic, of which twenty-seven died."

This statement is dated Ward's Island, Jan. 1, and signed "George Ford, M. D., Physician-in-Chief." Here is Dr. Ford's official statement, in the annual report, that these twenty-seven cases died of diarrhœa and dysentery. How, then, can these gentlemen state that, from Dr. Ford's testimony, they were all cases of Asiatic cholera? We leave it for Dr. Ford and themselves to settle.

On page 58, we find:—"During the month of November, some cases of cholera morbus appeared in the surgical wards, as well as in the medical department. At this time considerable excitement was prevalent in the city regarding the appearance of Asiatic cholera, but after a careful investigation, these cases were pronounced to be common cholera, complicated with typhoid symptoms. The subsidence of the disease has proved the correctness of the opinion." Signed officially, "J. M. Carnochan, Surgeon-in-Chief."

In looking over the statistics of death on page 56, which purport to be a record of all the cases of death having occurred in that institution during the year, I find: "Cholera infantum, 9; cholera morbus, 7;" and I have hunted in vain for a single case of *cholera Asiatica* in the whole list of deaths, embracing the entire year. Inquiring at the City Inspector's office, I learn that the record of deaths from Ward's Island, as rendered to him officially every week by James P. Fagan, Superintendent, contains no case of Asiatic cholera from that gentleman during the year 1865. And yet we are informed by Doctors Crane and Stone, that "on the death-book these twenty-seven cases of death were entered as cases of Asiatic cholera." I ask Mr. Fagan where he makes up his statistics from? I ask the Commissioners of Emigration and Dr. Ford where do they make up their statistics as published in their annual report, on page 56? Are these statistics furnished the City Inspector, and also published in their sworn annual report, the true statistics of deaths in the hospital, or do they keep another book of deaths for the investigation of Doctors Parker, Crane, and Stone, in which the cases of Asiatic cholera are recorded, which they have failed to publish to the world, as it was their sworn duty to do? On page 16. of the Annual Report of the Commissioners of Emigration, we find another statement:—"Diarrhœa and dysentery prevailed much in the latter part of the year until in the last week in November and most of December. During a period of rain and damp they assumed a choleraic type, much resembling the Asiatic cholera. It spread rapidly in the building where it first appeared, until twenty-seven deaths occurred. This caused

great alarm on the island, which reached the city, though the time which had elapsed since the landing of the emigrants attacked made it highly improbable that the disease could be the Asiatic or imported cholera.

"After a careful investigation, the cases were pronounced to be common cholera, complicated with typhoid symptoms, which opinion was confirmed by the entire subsidence of the disease, which passed off by the 20th of December, and has not reappeared." This annual report is signed G. C. Verplanck, Andrew Carrigan, Cyrus Curtiss, John P. Cumming, Wilson G. Hunt, A. A. Low, Philip Bissinger, C. Godfrey Gunther, A. M. Wood, and sworn to before Bernard Casserly, Notary Public, as being "correct to the best of their knowledge and belief," on page 30. I ask these gentlemen which of these reports are we to believe—their sworn statistics, which were made up from the records of their hospital, or the death-book to which Dr. CRANE and Dr. STONE had access, and in which they state "was entered twenty-seven deaths by Asiatic cholera."

Sustained as I am by the facts as recorded and sworn to by these gentlemen of well-known reputation in this community, I again repeat my first assertion, that no case of Asiatic cholera occurred or died on Ward's Island during the year 1865.

LEWIS A. SAYRE, M. D.,
Late Resident Physician.

As Dr. A. N. BELL, of Brooklyn, refused to take this statement as evidence, in the discussion of the subject before the American Medical Association, at their recent meeting in Baltimore, simply because it was printed in the *New York Herald*, I herewith send you a copy of the "Report of the Commissioners of Emigration," in order that you may see that I have made the quotations correctly.

Dr. SNOW, in his paper, also makes this assertion:

"*Another Fact.* Two cases of genuine Asiatic cholera have originated in New York city very recently, in which, it is well known, there could have been no possible connection with each other, nor with any other cases of the disease."

"Let the profession judge in what direction the facts seem to point."

With the suggestion in this last sentence I most heartily concur, and earnestly request the profession, carefully and honestly, to examine these *facts;* and they will be found, like his other "*facts*," to be simply *fiction*.

I have just seen Dr. STEPHEN SMITH, Medical Director of Hospitals under the Board of Health, who made the post mortem examination of the only fatal case of the supposed disease that has occurred in the city; and he states distinctly that it was not *Asiatic cholera*, and that Dr. ELISHA HARRIS agrees with him in this opinion.

"That neither of the cases were *Asiatic cholera;* but cases of sporadic cholera, or cholera morbus, such as we have here every year. That it was neither portable nor communicable, and could only be induced when persons were exposed to the same exciting causes which produced it in those affected with it. And in this respect entirely different from *Asiatic* cholera, which was both *portable* and *communicable*."

I quote accurately Dr. SMITH'S own language.

As to the other case in Mulberry street, Dr. SMITH states that she recovered, and that her child, which was supposed to have died from cholera, "did not die from that disease, but died from inanition or starvation."

As to Dr. SNOW'S assertion, "that the American Medical Association has honored itself by refusing to pass resolutions approving the doctrine of portability, and in favor of quarantine for cholera," that is simply a matter of opinion, in which it seems but very few agree with Dr. SNOW, judging from the list of distinguished names that signed the protest against that action. And as Congress has seen fit to follow the advice of these protestants, and have passed a bill, establishing a uniform system of quarantine, it would also seem that the opinion of this distinguished body is also radically different from that of Dr. SNOW.

Dr. SNOW charges me with having boasted that quarantine kept the cholera out of the city last fall, on the arrival of the "*Atalanta*." I made no boast of the matter, but simply stated the naked *fact*, which still remains undoubted, and as we have had no cholera in the city, I have no doubt but that it can be attributed to that *fact*.

LEWIS A. SAYRE, M. D.,
285 Fifth Avenue, N. Y.

Criminal Abortion.

EDITOR OF MEDICAL AND SURGICAL REPORTER:

I have been much interested in the articles recently published in the REPORTER, relative to criminal abortion. It is not charlatans alone who are guilty of such a crime, but I believe some physicians, having a good reputation publicly and professionally, stoop to the same flagrant outrage upon unsuspecting and weak-minded females. There are few women, especially if *legitimately* pregnant, who would submit to an abortion by instruments or medicine, were they aware that the crime is *absolute murder*, and that to destroy their offspring would greatly endanger their own lives. Are they not, on the contrary, told that there is no danger to themselves, and that it is not murder to take the life of a fœtus before viability?

About two months ago I was called to the bedside of a young girl, aged 17, eight months gone

in pregnancy. She had complained of nothing specially, until the morning that I saw her. She was seized with pain in the head and back, nausea and vomiting. The tongue was brown, and rather dry in centre, red at tip and edges; skin very hot and dry; pulse 120. At 3.30, P. M., same day, found her extremely restless, pulse 140, somewhat delirious, headache gone, pain in back more severe.

Upon a vaginal examination I found she was in labor, and by 4, P. M., she was delivered of a still-born fœtus, small in size, otherwise normal. I should judge from its appearance that life had been extinct for some time. To be brief,—the patient grew rapidly worse, and died at 4, P. M., the following day, with the usual symptoms of puerperal fever. The autopsy confirmed the conclusion.

The patient stated to me and to some of her acquaintances,—I fear with veracity,—that a physician (naming him) had been endeavoring for months to produce abortion, by giving her pills and other medicines. What the remedies were I was unable to learn, but I am satisfied that the girl's death was caused by blood-poisoning, and that the toxicohæmia was in all probability produced by the medicines taken.

I regret much that there was not sufficient evidence to have a legal examination of the sad circumstances.

Should you permit this communication a place in your columns, and should the physician who has the charge of two departed victims registered against him read it, and feel conscience-stricken, my prayer is that he may take warning by the terrible result, and "flee from the wrath to come,"—when the murdered mother and her innocent babe shall appear against him before a just tribunal. W.

New York, 5 mo. 24th, 1866.

News and Miscellany.

"Septic" Cholera.

In his report on Cholera, to the Health authorities of Boston, Dr. William Read, City Physician, has the following remarks:

"It is proper to state, that there are three diseases, all of them characterized by excessive action of the alimentary canal, and all of them going by the common name of cholera, which are entirely and essentially different.

"These are, first: 'Cholera Morbus,' so called, but which, for greater scientific accuracy, an English writer proposes to name 'Endemic Hepatic Cholera;' 'Asiatic Cholera,' or, more properly, 'Epidemic Intestinal Cholera;' and a disease more rarely known, but well recognized, for which the same writer uses the term "Septic Cholera.'

"The first of the three occurs under the influence of the seasons; originates in excessive action of the liver; affects, it may be, many persons at a time; and occasionally proves fatal; but never spreads by intercommunication, nor moves from country to country.

"The second is not controlled or affected by season or place. It may begin with a single case, or great numbers may be seized at once. It has a tendency to spread from its original starting-point, moves from country to country, and, in the main, presents the same symptoms wherever it goes. These symptoms are, an excessive secretion from the mucous membrane of the alimentary canal, while the function of the liver is either unaltered or entirely suspended.

"The third is caused by the absorption of the poison which emanates from decaying animal or organic matter, and is seen in those who dissect in ill-ventilated rooms, and frequently occurs among persons who are employed in removing night soil, or cleaning out sewers. I have been informed that well-marked cases of this have been noticed amongst the medical students at the College in this city, and the outbreak of sickness in the Home for aged Females, in Charles Street, reported to this office by Dr. Francis Minot, physician to the Home (city document No 73, 1865), was, undoubtedly, an instance on a large scale, twenty-seven of the inmates having been attacked in one night. A peculiarity of this last affection is, that after a time, those who are subjected to the influences which produce it, lose their susceptibility and are no longer affected, until the practice of the art or calling which brought them into daily contact with the cause, having been intermitted for a while, the party returns to it again,—a fresh man as it were,—once more to acquire a tolerance, by passing through another seasoning."

Dr. Minot, to whose report Dr. Read refers, speaks of the outbreak referred to as follows:

"Numerous cases of vomiting and diarrhœa occurred early in the season, and the disease soon became an epidemic in the house. Some of the cases terminated in regular dysentery, a few of which were severe, but notwithstanding the age and debility of some of the patients, but one death occurred; this was in a woman nearly ninety-three years old, but who was previously in good health. Another patient who had dysentery severely was ninety-two years old, and in a state of partial dementia, but she recovered. I cannot state the exact number of cases which occurred during the three summer months, but it was large, as may be seen from the fact that twenty-seven inmates were taken sick in a single night. The whole number may have been between fifty and sixty, but many of them were light cases."

——Professor William Warren Greene of the Maine Medical school, recently performed the operation successfully of trephining the jaw, and removing a portion of the dental nerve for the cure of neuralgia.

Relief of the Underground Population in New York

The Battery Barracks have been turned over by the War Department to the Metropolitan Board of Health, to be used in the relief of the cellar population. Dr. STEPHEN SMITH Reports as follows to Dr. DALTON Sanitary Superintendent:

"The barracks consist of seventeen separate buildings, ten of which are designated for barrack purposes, one for officers' quarters, one for mess-room, and one for kitchen. When turned over by the War Department to the Board of Health, they were occupied with military stores and old furniture. They were in a dilapidated and filthy condition, and utterly unfit for occupation without a very extensive cleaning and repairing. The work was immediately undertaken under the supervision of Mr. KAYSER, and has been prosecuted to its completion with as much despatch and thoroughness as possible, considering the extent of the required improvements. All the buildings except two, from which the military stores are not yet removed, have been cleansed, whitewashed within and without, the floors repaired, &c., and are now in proper condition for occupation. To accommodate such families as may from time to time be sent there until their domicils are cleaned, two buildings have been partitioned off, so as to separate the families and render them comfortable. Nine apartments are made in each building, making accommodations for eighteen families. If the entire number of barracks were thus subdivided, there could be provided apartments for upward of one hundred families. The Battery Hospital, which has also been transferred to the Board of Health consists of five pavilions with officers' quarters, mess-room, store-rooms, &c. There are ample accommodations for three hundred patients. These buildings are undergoing proper repairs, whitewashing and cleaning, and will soon be fit for occupation. A considerable amount of hospital furniture was also turned over, but it consists, for the most part, of condemned articles. In regard to the barracks, which will not be required for hospital purposes now that the hospital of the Battery has been turned over to the Board, I would suggest that they be converted into temporary residences for that class of families whose domicils must be permanently abandoned. One hundred cellars of the worst character might be almost immediately closed, and five hundred people now living destitute of every condition of health, can be placed in clean, well-aired, and well-lighted apartments. As a permanent sanitary work it is doubtful if any single reformatory measure can compare in importance with the removal of the underground population to habitations above the surface. It would reduce the total death-rate of New-York permanently more than any other change that can be effected in the social condition of the poor.

"There are now three practicable methods of removing the cellar population. The first is by turning them upon the street. Second, by providing for them temporary support. And the third, by providing only shelter. The first measure would involve much suffering, and lead to the excessive over-crowding of tenant houses. The evil sought to be remedied would not be very materially diminished, and might be greatly increased. The second measure has this disadvantage, that if the Board of Health assume the support of the poor, they are at once pauperized. No amount of persuasion or force would afterward make the majority self supporting. The third plan obviates the objections of the first two, and with the means now at the command of the Board it can be made for the most part voluntary work. Though a work of this character and magnitude requires to be planned with deliberation and executed with great discretion, yet in view of the apprehended prevalence of cholera, when prompt and decided measures must be taken, and executed with this very class, it becomes a question if it is not better to begin the work of removal now, when there is no special cause of haste. If the work is undertaken now, the removal may be entirely voluntary. One by one families may be removed to the rooms in the barracks, and their former quarters can be immediately and forever closed as places of human habitation. The plan, reduced to practice, may be stated as follows. 1st. Let the police report one hundred of the worst cellars in town. 2d. Let well-appointed agents—whether police, religious, or medical—visit those cellars, and proffer the inmates clean and comfortable apartments, if they will abandon their present quarters. 3d. Remove every family which consents to move to these barracks, with their most useful articles of furniture; give them suitable rooms, but promise them no further support. We should thus have gathered in those buildings a colony of five hundred people. Ample baths are already established, and also a large wash-house and laundry. Discipline as regards good order, cleanliness and sobriety, could be rigidly enforced. The question of support each tenant would settle for himself. Those who have trades, as shoemakers, tailors, etc. could readily obtain work from wholesale stores, and laborers could pursue their avocations with as much freedom as ever. It would not be long before families would be found in such a community, who had began to thrive, and who could afford to take good rooms in the city, or who might prefer to go to the country. Thus the progress of disintegration might almost immediately commence, and places be made for new families."

—— ANECDOTE OF SIR ASTLEY COOPER. The following anecdote is told of Sir ASTLEY COOPER, as a proof of the sagacity of medical men as professional witnesses. He was called to see a man, who, while sitting in his chair in a private room, had been mortally wounded by a pistol shot from the hand of an unseen person. Sir ASTLEY having done what was necessary respecting the wound, compared closely the direction from which the pistol was fired with the position of the wounded man, and he came to the conclusion that the pistol must have been fired by a left-handed man. The only left-handed man

known to be on the premises at the time was an intimate friend of the deceased, against whom there was no suspicion, but this observation led to his arrest and trial, and he was subsequently convicted of this act of murder.

—— The Cholera in Liverpool.—Four more deaths have taken place on board the hospital-ship *Jessie Munn*, and several new cases have broken out. The cholera has also broken out amongst the Germans in the Depôt at Birkenhead.

—— Dissection in 1505.—Prof. Struther in a lecture on the Edinburgh Anatomical School, before the College of Surgeons, says that the earliest notice of dissection in Edinburgh is in the first charter of this college, granted by the Town Council in 1505, and ratified by James IV. in the following year. The candidate for admission was to be examined in anatomy, and the surgeons were to have a body once a year, for dissection. This was more than a century before Harvey discovered the circulation of the blood, and it is remarkable that the municipal authorities of Edinburgh should have, at so early a period, given legal recognition to dissection, as the groundwork of the healing art. We have no information of any change during the next two centuries. Medical education was by apprenticeship, with these occasional dissections by the surgeons for the instruction of themselves and their apprentices.

——The expenditures of the British Museum last year amounted to £101,808 14s 4d. During 1865, 359,067 persons visited the institution, 4158 books were used daily. The number of readers was 100,271, or on an average 349 a day.

—— Dr. McGowan asserts that there are more imbecile persons and more afflicted with goitre in the moist valleys of the Susquehanna than elsewhere in the United States.

—— The amount of property bequeathed by the late Moody Kent to the New Hampshire Asylum for the Insane, is estimated at $135,000.

—— Ward the sculptor has nearly finished a marble bust of the late Dr. Valentine Mott.

MARRIED.

Blair—Stewart.—By Rev. B. C. Critchlow, May 10th, Mr. Andrew Blair, of Carlisle, Pa., and Miss Mary, daughter of Dr. Thomas Stewart, of New Brighton, Pa.

Edgetrille—Cormach.—In Boston, Mass., May 24, by Rev. F. Hoppin, Dr. S. St. Clair Edgetrille, and Miss Martha Cormach, both of Cambridge.

Falk—Miller.—At the residence of the bride's parents, Akron, Ohio, April 26, by Rev. C. Smith, Dr. F. F. Falk, of Western Star, Ohio, and Miss Mattie Miller.

Lundy—Slaymaker.—May 17th, by the Rev. Jacob Coon, David W. Lundy, M. D., of Albany, Illinois, and Miss Sarah C. Slaymaker, of Newton Township, Whiteside county, Illinois.

Martin—Howard.—In Greenfield, Indiana, May 3d, by Rev. John Hill, Dr. Samuel M. Martin, of Rensselaer, Indiana, son of Dr. William H. Martin, formerly of Rushville, and Miss Flora, daughter of Dr. N. P. Howard.

Shields—Davis.—May 8th, at the residence of the bride's father, by Rev. D. J. Irwin, assisted by Rev. J. P. Bollman, Dr. J. M. Shields, and Miss Anne Davis, all of Indiana county, Pa.

Stewart—Blair.—On the 8th of May, by Rev. J. C. Bliss, Dr. W. G. Stewart, of Middle Spring, Cumberland county, Pa., and Miss Mattie Blair, of Carlisle, Pa.

Van Norden—Paterson.—May 25, in the 4th Avenue Presbyterian Church, N. Y., by Rev. Howard Crosby, D. D., Dr. Thomas Langden Van Norden, Jr., and Mary Maitland, youngest daughter of the late Geo. W. Paterson, all of New York city.

DIED.

Adair.—May 5th, at his father's residence, in Indiana county, Pa., Dr. J. Todd Adair, late Assistant Surgeon of the 77th Reg't P. V. V. I., in the 31st year of his age.

Cox.—At his residence in New York, May 29, Henry G. Cox, M. D., aged 47 years.

Melick.—In Light Street, Columbia county, Pa., May 17th, Daniel Ramsey Melick, M. D., aged 26 years.

Swan.—In Medford, Mass., May 26, Mrs. Sarah Swan, widow of the late Dr. Daniel Swan, aged 65.

OBITUARY.

Died.—In New Market, Tenn., on the 27th May, of congestive remittent fever

Dr. Archibald Blackburn,

in the 65th year of his age.

Dr. Blackburn is gone, and this community once more gathers around the new-made grave to mourn the loss of one of the best of God's creation. The writer of this comes to offer his humble tribute to the memory of the good man, the warm hearted physician, and the pure Christian, whose name has become a household word in our midst, and whose memory will never cease to live in the hearts of those who knew him.

Dr. Blackburn was born in Washington county, Tennessee, on the 18th of January, 1802, and came to New Market at the age of twenty-four years, to pursue the practice of the profession of medicine, in which he continued up to the period of the illness which led to his death. Soon after locating here, he united himself with the Church of Christ, in which he lived and died, having always ready a reason for the faith that was in him. He was a good physician, a devoted Christian, and a man whose genial influence was shed all around him. He leaves us now at that period of life when our hearts have all gone out towards him, beloved and mourned by his professional associates, and the entire community in which he has lived for so many years. As we gather around his last resting place, beneath the shadow of the oak where we laid him, we recall, with melancholy pleasure, his noble virtues, and mingle our tears with those of the son who is left to mourn his loss. R.

ANSWERS TO CORRESPONDENTS.

Dr. D. C. M., Des Moines, Iowa.—The counter-irritating instrument (Lebenswecker) can be procured in this city at a cost of about $6. Or, the same amount sent to Dr. Jos. Firminich, Buffalo, N. Y., would get one of his instruments, which would perhaps be more satisfactory.

Dr. J. C. D., Akron, Ohio.—The cost of a wired skeleton is $45. The bones unwired, $20.

Dr. B. D. K., Tolono, Ill.—Sent Burral on Cholera, May 30th, by mail.

Dr. R. N. McC., Upper Sandusky, Ohio.—Sent by Express, May 30, Flint's Practice of Medicine.

Dr. N. W. B., Penn Station, Pa.—Set of Physician's Tooth Forceps, sent May 29.

Dr. W. H. P., Buena Vista, Ohio.—Sent by Express, May 30, Flint's Practice of Medicine.

Dr. E. A. O., Tuscarawas, Ohio.—Sent by Express, May 30, Flint's Practice of Medicine.

Dr. F. C. S., Seiberlingsville, Pa.—Sent by mail, May 29, Francis's Biographical Sketches.

Dr. A. M. S., Watertown, N. Y.—Sent by Express, May 30, Gray's Anatomy.

Dr. D. W. J., Kittery, Mo.—Sent by mail, May 30, Ashton, on Rectum and Anus.

METEOROLOGY.

May,	21,	22,	23,	24,	25,	26,	27.
Wind	N. W.	N. W.	N.	N. W.	S. W.	S.	S. W.
Weather { High Wind.	Clear.	Clear. Frost.	Clear. Frost.	Clear.	Clear.	Cl'dy.	Cld'y. Rain. T. & L. 8-10
Depth Rain							
Thermometer.							
Minimum	62°	42°	45°	43°	50°	55°	54°
At 8 A. M.	65	55	52	61	62	59	65
At 12 M.	73	58	61	68	73	74	72
At 3 P. M.	70	59	61	67	73	71	76
Mean	67.50	53.50	54.75	59.75	64.50	64·75	66.75
Barometer.							
At 12 M.	29.7	29.9	30.1	30.1	29.9	29.8	29.6

Germantown, Pa. B. J. Leedom.